

SCHEDULE 1

**UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA
(SAN FRANCISCO DIVISION)**

**Fill in this information to identify the case
(Select only one Debtor per claim form):**

- ☐ PG&E Corporation
(Case No. 19-_____)
- ☐ Pacific Gas and Electric Company
(Case No. 19-_____)

Proof of 503(b)(9) Claim

Read the instructions before filling out this form. This form is for asserting claims entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9) against one of the above Debtors arising on or after January __, 2019 through and including January __, 2019. Do not use this form to assert any other pre-petition claim(s). Assert such claims on Form 410.

11 U.S.C. § 503(b)(9) applies only to claims arising from the value of any goods received by the applicable Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the applicable Debtor in the ordinary course of the Debtor's business. Attach documentation supporting such claim.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

1. Who is the current creditor?	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name of the current creditor (the person or entity to be paid for this claim)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Other names the creditor used with the debtor</div>	
2. Has this claim been acquired from someone else?	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. From whom? <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div></div>	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> Number Street <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> City State ZIP Code <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> Contact phone <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> Contact email <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div>	Where should payments to the creditor be sent? (if different) Name <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> Number Street <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> City State ZIP Code <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> Contact phone <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div> Contact email <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div>
4. Does this claim amend one already filed?	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Claim number on court claims registry (if known) <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div></div> <div style="text-align: right;">Filed on <div style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></div><div style="text-align: center; font-size: small;">MM / DD / YYYY</div></div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Who made the earlier filing? <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div></div>	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. On what date (or dates) were the goods delivered? (if known) _____ (mm/dd/yyyy)

7. How much is the claim? \$ _____

Note: 11 U.S.C. § 503(b)(9) applies only to claims arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business. Do not include in the above amount the value of goods received by the Debtor outside of that period, or the value of any other services performed. Assert such claims on Form 410.

8. What is the description of the goods provided in the claim?

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____ (mm/dd/yyyy)

Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____